



October 31, 2006

Re: MDR #: M2 07 0130 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5340 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Pacific Indemnity Co.

REQUESTOR: Daniel Shalev, MD

TREATING DOCTOR: James Guess, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in neurology and is currently listed on the DWC Approved Doctor List.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 31, 2006.

Sincerely,

Handwritten initials 'JC' in a stylized, bold font. The 'J' has a dot above it, and the 'C' is a simple, thick outline.

Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 07 0130 01**

A. MEDICAL INFORMATION REVIEWED:

Medical records from a pain medicine specialist from 2004 and MRIs from 2000 onward. Letters of medical summary and appeal for additional treatments.

B. BRIEF CLINICAL HISTORY:

The patient is a 46 yo male with lower back injury dating back to ____, treated with a left hemilaminectomy at L4-L5, and now ongoing L4-L5 and L5-S1 disk disease, with occasional flare-ups. He has been treated successfully until a recent flare-up (July 2006) with home exercise programs, daily walking, and medication as needed over the years. Medications have included anti-inflammatory medication, narcotics and muscle relaxants. He has been functioning successfully including a full work schedule until the recent exacerbation, for which medication (anti-inflammatory and narcotic) have proven inadequate. He is at present experiencing considerable pain (7/10) on an acute basis with limitation of range of motion. He has a history of Hepatis C infection and has received therapy for that.

C. DISPUTED SERVICES:

Lumbar traction, electrical stimulation and physical therapy (12 sessions)

D. DECISION:

I DISAGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

The patient has been successfully managing his chronic back condition for years with home-based treatment, both exercise and medication, and has been able to function both at home and work effectively. At the present time, the flare-up has raised his pain level and decreased his mobility, with consequent interference with both activities of daily living and his own attempts to manage the situation. His pain medicine specialist of long standing has recommended a limited number of in-office treatments that are a conservative approach to reduction of the current flare-up and are a cost-effective way to attempt a return to normal living and working.

F. SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

The Philadelphia Panel (2001) evaluated the literature on the treatment of LBP and assigned Grades of Recommendation based on the clinical importance of the studies, statistical significance of the findings, and the study design. Randomized control trials with statistically significant findings were assigned an A grade. Any study design without clinically significant findings but thought to have been worth performing was assigned a D grade. Grades of Evidence were assigned to the various studies. The highest grades were I for randomized control trials and III for the opinions of respected authorities.

- For LBP of less than 4 weeks duration, the Philadelphia Panel found poor evidence (grade C) to include or exclude therapeutic exercises, traction, ultrasound, or TENS. Return to work was strongly encouraged.
- For LBP of 4-12 weeks duration, the Philadelphia Panel found good evidence for the inclusion of therapeutic exercise and manual traction.
- For LBP of greater than 12 weeks' duration, the Philadelphia Panel found good evidence for the inclusion of therapeutic exercises, therapeutic ultrasound, and electromyographic biofeedback. These treatments were positive interventions for achieving adequate pain control, increasing functional activities of daily living, and promoting return to work.

Philadelphia Panel: Philadelphia Panel evidence-based clinical practice guidelines on selected rehabilitation interventions for low back pain. *Phys Ther* 2001 Oct; 81(10): 1641-74